

CASE NO. 96-2443-017

POST MORTEM EXAMINATION REPORT
OFFICE OF THE CHIEF MEDICAL EXAMINER
STATE OF MARYLAND

AUTOPSY NO.

INSP. _____ APP. _____ INQ. _____

JURISDICTION Charles County DEPUTY M.E. Forensic Investigator

NAME OF DECEASED William E. Colby

RESIDENCE OF DECEASED 3028 Dent Place N.W., Washington, DC

AGE 76 SEX Male RACE White

INCIDENT OCCURRED-DATE Found: 05/06/96 TIME Found: 8:10a

ADDRESS End of Rock Point Road, Cobb Island, (Charles County), MD

OCME NOTIFIED:

DATE 05/06/96 TIME 8:10a BY WHOM Police Officer

TRANSPORTED TO OCME BY Eberwein Mortuary Services

PRONOUNCED DEAD - DATE 05/06/96 TIME 8:55a

ADDRESS/INSTITUTION Above Scene of Incident

AUTOPSY/INSPECTION-DATE 05/06/96 TIME 12:30p

PERFORMED BY Stephen S. Radentz, M.D. Associate Pathologist David R. Fowler, M.D. Assistant Medical Examiner

CAUSE OF DEATH a. Drowning and hypothermia associated with arteriosclerotic cardiovascular disease Natural
b. _____ X Accident
c. _____ Suicide
_____ Homicide
_____ Undetermined

Other significant conditions:

HOW DID INJURY OCCUR: The decedent drowned.

TRUE TEST COPY

TOXICOLOGY:

BLOOD (HEART): Alcohol - 0.07% (W/V)
Drug test - negative
Misc. Assays - cyanide - negative
BLOOD (PERIPHERAL): Alcohol - 0.08% (W/V)
URINE: Alcohol - 0.12% (W/V)
Drug test - negative
Misc. Assays - antimony, arsenic, bismuth, mercury - negative
STOMACH CONTENT: Drug test - negative

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An autopsy was performed on the body of William E. Colby at the Office of the Chief Medical Examiner for the State of Maryland on the 6th day of May, 1996.

EXTERNAL EXAMINATION

The body was that of a well-developed, well-nourished white male in a moderate state of decomposition clad in a red zippered jacket, white-blue striped T-shirt, white undershirt, blue boxer shorts, tan work-type pants and black socks. All of the clothing was wet and there was silt deposition about the shirt and jacket. The body weighed 181 pounds, was 5'10" in height and appeared compatible with the reported age of 76 years. The body was cold. Rigor had passed. Lividity could not be appreciated. There were washer-woman changes of the hands and feet. The face demonstrated mild to moderate swelling and red-green marbling. There was also prominent marbling about the neck, upper torso, and the upper portion of both arms. The remainder of the torso and lower extremities demonstrated faint, early marbling. There was diffuse early sloughing of the outer epidermal layer which was most pronounced about the scalp, hands and feet. The scalp hair was black/gray, straight and measured up to 3" in length. The deceased was clean-shaven. The irides were obscured by opacification of the cornea. The conjunctivae were pink-red secondary to decompositional changes. The sclerae were white. The external nares and oral cavity contained a small amount of tan, mucoid material. The external auditory canals and oral cavity contained a small quantity of sand and silt. The teeth were natural and in good condition. Examination of the neck revealed no evidence of injury. The chest was unremarkable. No evidence of injury of the ribs or sternum was evident externally. The abdomen was flat and had no obvious surgical scars. As mentioned previously, the hands and feet demonstrated washer-woman changes. There was a small contusion on the back of the left hand as described below. The anterior portion of the right thigh had a 1 3/4"x 1/2" area of hypopigmentation consistent with a scar. The lower aspect of the right shin had a 2"x 1" oval scar. The extremities otherwise had no evidence of fractures, lacerations or deformities. The fingernails were intact. No tattoos or needle tracks were observed. The external genitalia were those of a normal adult circumcised male. The posterior torso demonstrated mild-moderate decompositional changes, but no evidence of significant recent injury.

EVIDENCE OF INJURY

There was a 1/2" circular contusion present on the back of the left hand (1 1/2" from the wrist and 1" from the medial edge of the hand). A faint 1/2" circular contusion was present on the lateral aspect of the left hip.

INTERNAL EXAMINATION:

BODY CAVITIES:

The body was opened by the usual thoraco-abdominal incision and the chest plate was removed. All of the body cavities contained a small amount of decompositional fluid. There were no adhesions present in any of the body

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cavities. All body organs were present in the normal anatomical position. The subcutaneous fat layer of the abdominal wall was 1 1/4" thick. There was no internal evidence of blunt force or penetrating injury to the thoraco-abdominal region.

HEAD: (CENTRAL NERVOUS SYSTEM)

The scalp was reflected. The calvarium of the skull was removed. The sphenoid sinuses contained a small amount of fluid. The dura mater and falx cerebri were intact. There was no epidural or subdural hemorrhage present. The leptomeninges were thin and delicate. The cerebrum, cerebellum, and brain stem were in a moderate state of decomposition demonstrating tan-green discoloration and a paste-like consistency. Serial sectioning of the cerebral hemispheres, brain stem, and cerebellum showed no obvious abnormalities. The brain weighed 1,320 grams.

NECK:

Examination of the soft tissues of the neck, including strap muscles, thyroid gland and large vessels, revealed no abnormalities. The hyoid bone and larynx were intact.

CARDIOVASCULAR SYSTEM:

The pericardial surfaces were smooth, glistening and unremarkable; the pericardial sac was free of significant fluid or adhesions. The coronary arteries arose normally, followed the usual distribution and had mild to moderate atherosclerotic narrowing (most significant was the proximal LAD 40%). The proximal portions of the RCA, LAD, and circumflex also demonstrated circumferential calcification. There was no evidence of thrombosis. The chambers and valves exhibited the usual size-position relationship and were unremarkable. The myocardium was tan-brown, soft and unremarkable except for decompositional changes; the atrial and ventricular septa were intact. The aorta demonstrated focal mild atherosclerotic plaques (most prominent in the abdominal aorta). The aorta and its major branches otherwise arose normally, followed the usual course and were widely patent. The vena cava and its major tributaries returned to the heart in the usual distribution and were free of thrombi. The heart weighed 480 grams.

RESPIRATORY SYSTEM:

The upper airway contained a small amount of silt-like debris. The mucosal surfaces were smooth, tan and friable. The pleural surfaces were smooth and unremarkable bilaterally. The pulmonary parenchyma was red-brown, exuding slight to moderate amounts of blood and frothy fluid; no focal lesions were noted. The pulmonary arteries were normally developed, patent and without thrombus or embolus. The right lung weighed 550 grams; the left 460 grams.

LIVER & BILIARY SYSTEM:

The hepatic capsule was smooth, glistening and intact, covering tan-brown, soft and moderately decomposed parenchyma with no focal lesions noted. The gallbladder contained 10 ml. of green-brown, mucoid bile; the mucosa was velvety and unremarkable. The extrahepatic biliary tree was patent, without evidence of calculi. The liver weighed 1750 grams.

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ALIMENTARY TRACT:

The tongue exhibited no evidence of recent injury. The esophagus was lined by gray-white, smooth mucosa. The gastric mucosa was arranged in the usual rugal folds and the lumen contained 180 ml. of recently ingested material (tan, paste-like material with corn and other vegetable matter present). The small and large bowel were unremarkable. The pancreas was autolyzed and had a small 1/4" calcified cyst in the mid-portion. The pancreas was otherwise unremarkable and the ducts were clear. The appendix was unremarkable.

GENITOURINARY SYSTEM:

The renal capsules were smooth and thin, semi-transparent and stripped with ease from the underlying red-brown cortical surfaces. The right kidney had a smooth and unremarkable cortical surface. The left kidney had a markedly pitted and finely granular cortex with a mildly shrunken lower pole. The right renal cortex was congested and well delineated from the medullary pyramids, which were tan and unremarkable. The left cortex was markedly irregular, congested and poorly delineated from the medullary pyramids which were tan and unremarkable. The calyces, pelves and ureters were unremarkable. The urinary bladder was mildly dilated and contained 40 ml. of slightly cloudy, yellow urine; the mucosa was gray-tan and wrinkled. The prostate was enlarged and demonstrated an irregular, coarsely nodular texture on cut section. The testes, prostate, and seminal vesicles were otherwise unremarkable. The right kidney weighed 165 grams; the left 95 grams.

RETICULOENDOTHELIAL SYSTEM:

The spleen had a smooth, intact capsule covering tan-purple, soft parenchyma; the lymphoid follicles could not be appreciated. The regional lymph nodes appeared normal. The spleen weighed 225 grams.

ENDOCRINE SYSTEM:

The pituitary, thyroid and adrenal glands were unremarkable.

MUSCULOSKELETAL SYSTEM:

Muscle development was normal. No bone or joint abnormalities were noted.

MICROSCOPIC EXAMINATION:

Heart:

- a) coronary arteries with calcified atherosclerosis and plaque with red blood cells consistent with plaque hemorrhage; marked autolysis, small intramyocardial arteries showed marked medial and intimal thickening with luminal narrowing
- b) myocardium - no pathologic change

Lungs:

congested, autolytic, focal emphysema and collapse

Prostate:

benign prostate hypertrophy

Kidney:

autolytic, scattered sclerosed glomera and interstitial scarring

Liver:

moderate macrovesicular steatosis

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PATHOLOGIC DIAGNOSES

- I. Drowning and hypothermia
- II. Arteriosclerotic cardiovascular disease
 - A. calcified atherosclerosis
- III. Nephrosclerosis

OPINION:

This 76 year old white male, William E. Colby, died of drowning and hypothermia associated with arteriosclerotic cardiovascular disease. He was found floating in an advanced state of decomposition nine days after being reported missing. Identity was confirmed by dental examination. He had severe calcified atherosclerosis which would predispose him to a stroke or heart attack. Decomposition, however, will lyse (dissolve) clots and the fatty material in atheroma. It is likely he suffered a complication of this atherosclerosis which precipitated him into the cold water in a debilitated state and he succumbed to the effects of hypothermia and drowned. The contents of his stomach are consistent with his last reported meal and indicate his death was shortly after his dinner. The manner of death is ACCIDENT. The deceased had been consuming alcoholic beverages prior to death.

DR
David R. Fowler, M.D.
Assistant Medical Examiner

John E. Smialek
John E. Smialek, M.D.
Chief Medical Examiner

Stephen S. Radentz
Stephen S. Radentz, M.D.
Associate Pathologist

Date signed: 6-6-96.

TOXICOLOGY:

BLOOD (HEART):	Alcohol	- 0.07% (W/V)
	Drug test	- negative
	Misc. Assays	- cyanide - negative
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